

## LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

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### THE CLINICAL THERMOMETER

IN answer to M. L. B.'s question in this department in the February JOURNAL, we submit the following, gleaned in a medical library; it more than covers the ground, but it all seemed interesting.

From Quain's Dictionary of Medicine: The thermometer was invented by Galilei, about 1603, but it was Sanctorius (1561-1636) who first had the idea of investigating the temperature of the human body in health and disease.

From Buck's Reference Handbook of the Medical Sciences: Sanctorius is said to have adapted the thermometer to the investigation of human temperature but fully a century elapsed before any systematic use of the instrument for that purpose was recorded. Boerhaave, VanSwieten, and DeHaen are the three names which appear most prominently in the literature of thermometry in the 18th century. But it required another hundred years to bring thermometry into favorable clinical use. There is hardly a better example of the apathy with which the medical profession of the time regarded the introduction of methods destined to become of inestimable value in the study and cure of disease.

The universal use of the clinical thermometer at the present time is due to the labors of a multitude of investigators and teachers, prominent among whom are Baerensprung, Traube, Wunderlich, Becquerel, Maurice, Aitkin, and Seguin.

For convenience of use, thermometers are now generally made self-registering. This was first attained in the instruments used by Currie in the early part of the present century, by means of a small piece of iron resting upon the surface of the mercury. The expansion of the mercury caused this to rise, but its contraction did not draw it back. The register had to be restored by shaking, in the manner which is used to restore the index at the present time.

NOTE—We want to remind our contributors that anonymous communications are not published in this department unless the name of the writer is known to the editor.

The register which is now generally used is that known as the indestructible index, secured by a constriction of the tube near the bulb, so narrow as to prevent the passage of an unbroken column of mercury through it. The expansion of the fluid causes it to pass the constriction, but a greater force than that of gravity or of the cohesive power of mercury is required to draw the column back into the reservoir. The index must be shaken down.

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## MEDICAL REMINISCENCES

DEAR EDITOR: In a recent JOURNAL someone asked for the history of the clinical thermometer. One answer has already been printed, giving the history of the invention of the ordinary barometric thermometer; to which I would like to add the following:

Shortly before his death and twenty years after he had given up practice, I had the pleasure of nursing in the family of Dr. James R. Chadwick of Boston. Dr. Chadwick had been the associate and friend of James Jackson, Oliver Wendell Holmes, Marion Sims, Fordyce Barker and the other great men, now dead, who did so much for medical history in this country, and never tired of telling me stories about them. He told me that James Jackson, the father-in-law of Oliver Wendell Holmes, first introduced in this country the cold-bath treatment for fever patients; the first patient he so treated was a sailor sick on board ship with typhoid or typhus fever, and Dr. Jackson took his temperature by placing the ordinary ship's thermometer in his axilla. My impression is, that Dr. Chadwick said this was the first attempt at taking body temperature. The making of small thermometers for clinical use, doubtless began as soon as the practice was established. I think I am correct in saying that the improvement of a self-registering index (mercury which stays up until it is forcibly shaken down), is recent—within the last twenty or twenty-five years.

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## EDUCATIONAL REQUIREMENTS

DEAR EDITOR: I have been reading with interest the discussion on shortage of applicants to the training schools for nurses. I think that probably the hard, monotonous work with so little freedom (for the successful nurse is usually on a case) has something to do with the trouble. I find myself often very tired of it, and my cases are mostly of the best people and generally pleasant, but how I long sometimes to get away from